

09/11/03  
15915 U.S. PTO

PTO/SB/50 (02-01)  
Approved for use through 01/31/2004. OMB 0651-0033  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Mail Stop Reissue</b> Commissioner for Patents P.O.Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	029310.48674RE
	First Named Inventor	Bernd SUNDERMANN
	Original Patent Number	6,288,278
	Original Patent Issue Date (month/day/year)	September 11, 2001
	Express Mail Label No.	

Application for Reissue of: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
(Check applicable box)

### APPLICATION ELEMENTS (37 C.F.R. § 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. (See 37 C.F.R. 127).
3. ☒ Specification and claims in double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(See 37 C.F.R. 1.175)(PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned ☒ Yes ☐ No  
(If yes, check applicable boxes)  
☒ Written Consent of all assignees (PTO/SB/53)  
☒ 37 C.F.R. 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate. Computer Program  
(Appendix) or large table
9. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. ☐ Specification Sequence Listing on:
    - i. ☐ CD-ROM (2 copies) or CD-R (2 copies) or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 C.F.R. 1.173(c).
11. ☒ Original U.S. Patent for surrender  
☒ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. § 119)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☐ Preliminary Amendment
16. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. ☐ Other: \_\_\_\_\_

### 18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label or ☐ Correspondence address below.


23911

Name	J. D. Evans		
	Crowell & Moring LLP		
Address	P. O. Box 14300	Zip	20044-4300
City	Washington	State	DC
		Fax	(202) 628-8844
Country	United States	Telephone	(202) 624-2500

Name (print/type)	J. D. Evans	Registration No. (Attorney/Agent)	26,269
Signature		Date	Sept. 11, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket No.: 029310.48674RE		
<b>CLAIMS AS FILED – PART 1</b>								
				Small Entity		Other Than A Small Entity		
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Rate	Fee		Rate	Fee
(A) 32	Total Claims (37 C.F.R. 1.16(j))	(B) 32	0 =	x \$ _____ =	\$ _____	OR	x \$18.00 =	\$ _____
(C) 2	Independent Claims (37 C.F.R. 1.16(j))	(D) 2	0 =	x \$ _____ =	\$ _____		x \$84.00 =	\$ _____
<b>Basic Fee (37 C.F.R. 1.16(h))</b>								<b>\$750.00</b>
<b>Total Filing Fee</b>							<b>\$750.00</b>	
<b>CLAIMS AS AMENDED – PART 2</b>								
				Small Entity		Other Than a Small Entity		
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid for	(3) Extra Claims Present	Rate	Fee	Rate	Fee
Total Claims 37 C.F.R. 1.16(j)	***	MINUS	**	* =	x \$ _____ =	\$ _____	x \$ _____ =	\$ _____
Independent Claims (37 C.F.R. 1.16(j))	***	MINUS	*****	* =	x \$ _____ =	\$ _____	x \$ _____ =	\$ _____
<b>Total Additional Fee</b>						\$ _____	OR	\$ _____
<p>* If the entry in (D) is less than the entry in (C), write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid for" is less than 20, write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or number of independent claims in patent (C).</p> <p><input type="checkbox"/> Applicant claims small status. See 37 C.F.R. 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>05-1323</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$750.00 to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. From PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Please provide credit card information and authorization on PTO-2038.</b></p> <p>September 11, 2003 Date</p> <p style="text-align: right;">             Signature of Applicant, Attorney or Agent of Record  <u>M.D. Evans, Reg. No. 26,269</u>            Typed or printed name         </p>								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Attorney Docket: 029310.48674RE  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: BERND SUNDERMANN ET AL  
Serial No.: (Not Yet Assigned)  
Filed: (Concurrently Herewith)  
Title: 3-AMINO-3-ARYLOPROPAN-1-OLCOMPOUNDS, THEIR  
PREPARATION AND USE  
Reissue of: U.S. 6,288,278  
Issued: September 11, 2001

TRANSMITTAL OF RIBBONED ORIGINAL PATENT

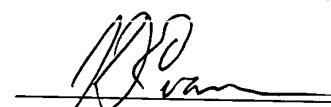
**Mail Stop Reissue**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for surrender to the Patent and Trademark Office in  
the accompanying reissue application is the ribboned original letters patent no.  
6,288,278.

Respectfully submitted,

September 11, 2003

  
\_\_\_\_\_  
J. D. Evans  
Registration No. 26,269

CROWELL & MORING, LLP  
P.O. Box 14300  
Washington, DC 20044-4300  
Telephone No.: (202) 624-2500  
Facsimile No.: (202) 628-8844